EPI Update for Friday, April 29, 2011 Center for Acute Disease Epidemiology (CADE) lowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- Measles activity continues in multiple locations across the U.S.
- Guidelines for the prevention and treatment of perinatal group B streptococcal disease
- Sexually transmitted disease in lowa
- Tetanus prevention
- Meeting announcements and training opportunities

Measles activity continues in multiple locations across the U.S.

So far this year, 84 cases of measles have been reported in 21 states across the US. Seventynine (94 percent) of the cases were associated with international-travel.

There have been five measles outbreaks (defined as at least 3 cases that are linked in time or place) reported this year in the U.S. Cases associated with these outbreaks accounted for about half of the total cases reported. This year, outbreaks have been reported in Florida, Minnesota, Pennsylvania, and Utah.

Measles is a public health emergency. For instructions on what clinicians should do if they suspect measles, review the April 1 EPI Update at www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=EpiUpdate.

Guidelines for the prevention and treatment of perinatal group B streptococcal disease Group B streptococcal disease (GBS) remains the leading cause of infectious mortality and morbidity among newborns. In March, the American College of Obstetricians and Gynecologists endorsed the 2010 Centers for Disease Control and Prevention (CDC) guidelines for preventing and treating GBS.

The CDC guidelines continue to recommend universal screening for all pregnant women at 35 to 37 weeks of gestation and intrapartum antibiotic prophylaxis for those who test positive during labor. The guidelines also provide additional direction for implementing and improving prevention strategies and highlight important changes in clinical practice. To review the CDC guidelines, visit www.cdc.gov/mmwr/pdf/rr/rr5910.pdf.

Sexually transmitted disease in lowa

April is STD awareness month and a good time to reflect on data from 2010. Preliminary data reveal some interesting changes in cases of chlamydial infection and gonorrhea in Iowa. Cases of chlamydial infection increased by 12 percent from 2009 to 2010 from 9,406 cases to 10,542 cases. Gonorrhea cases increased by 9 percent in 2010, from 1,658 cases to 1,804 cases.

Testing for chlamydia and gonorrhea at the 67 clinic sites that receive test kits from IDPH's Infertility Prevention Project (IPP) decreased by 8 percent in 2010 in response to a reduction in state funding. The proportion of Chlamydia positives that came from non-IPP sites increased from 51 percent in 2009 to 56 percent in 2010, and the proportion of gonorrhea positives from non-IPP sites increased from 57 percent in 2010 to 63 percent in 2010. This may indicate an increase in testing at private or other public clinics in 2010, or a movement toward better use of

more sensitive tests in non-IPP sites. National data actually indicate a decrease in true incidence of chlamydia and gonorrhea, despite the increase in reported cases because of better screening and more sensitive tests.

CDC recommends yearly chlamydia testing for:

- all sexually active women age 25 or younger;
- older women with risk factors for chlamydial infections (those who have a new sex partner or multiple sex partners); and
- all pregnant women.

Testing of male partners and symptomatic men should also be considered.

Women and men under the age of 25 are at highest risk for genital gonorrhea infection. Risk factors for gonorrhea include a history of previous gonorrhea infection, other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, sex work, and drug use.

Tetanus prevention

Ensure that patients have received tetanus containing vaccinations (Td/Tdap) according to the Advisory Committee of Immunization Practices schedule. Also, reassess the vaccination status and need for prophylactic treatment when patients report receiving puncture wounds.

The risk for tetanus is highest among patients aged 65 years or older because the vaccination rates are lowest among this age group. Adults should begin or complete the vaccination series if they have an uncertain or incomplete vaccination history (i.e., when there is no record of the patient completing the three-dose primary vaccination series with Td-containing vaccines). To ensure protection against pertussis as well, substitute a one-time dose of Tdap for one of the doses of Td, either in the primary series or for the routine booster.

For updated recommendations on the use of Tdap vaccine, visit www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?scid=mm6001a4 e%0d%0a.

Meeting announcements and training opportunities

Immunize for a Better Life

June 8-9, Des Moines. Designed for a diverse field of health care professionals interested in learning about immunizations. For information, visit www.trainingresources.org/.

Agricultural Medicine course

June 13-17, Iowa City and July 11-15, Omaha. A training program for health care professionals who treat and help prevent farm occupational illnesses and injuries. For information, visit www.public-health.uiowa.edu/icash/education/agmedtraining.html.

36th National Medical Laboratory Professionals Week (NMLPW)

NMLPW has been successful in increasing the recognition of clinical laboratory science among the health care community and general public.

Visit www.ascls.org/?page=NMLPW.

Have a healthy and happy week! Center for Acute Disease Epidemiology Iowa Department of Public Health 800-362-2736